STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E594	A. BUILDING 01 B. WING	06/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCGIVNEY HEALTH CARE CENTER	2907 E 136TH ST CARMEL, IN 46033

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/13/12 Facility Number: 000545 Provider Number: 15E594 AIM Number: 100267350 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, McGivney Health Care Center was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a lower level was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in all resident rooms. The facility has a	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	capacity of 37 and had a census of 33 at the time of this visit. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/15/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. Based on observation and interview, the facility failed to ensure 1 of 1 vertical stairwell openings was enclosed with construction having at least a one hour fire resistance rating. LSC 19.3.1.1 requires any vertical opening to be enclosed or protected in accordance with LSC 8.2.5. LSC 8.2.5.2 states the vertical opening shall be enclosed as appropriate for the fire resistance rating of the barrier. LSC 8.2.3.2.1 requires a one hour rated door in a one hour vertical opening. This deficient practice could affect any residents, staff and visitors in the vicinity of the stairwell door by resident Room 7. Findings include: Based on observation with the Administrator and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 12:45 p.m. on 06/13/12, the door at the top of the stairwell by resident Room 7 had a fire rating label affixed to the door stating the door was rated at a fire resistance of 20 minutes. Based on interview at the time	K0020	DisclaimerPreparation, submission and implementation of this Plan of Correction does not constitute an admission of/or agreement with the facts and conclusions set forth on the survey report. McGivney Health Care reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any Administrative or legal proceedings. McGivney Health Care reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. The facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents. McGivney Health Care reserves the right to modify policies and/or procedures and quality improvement systems as necessary to better meet the needs of the residents and the facility.The facility does have 1 of 1 vertical enclosed concrete stairwell opening with a fire resistance rating of 20 minutes which has been on the building since the building was built in the	07/13/2012

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	of observation, the Administrator and the Maintenance Supervisor acknowledged the stairwell door is not rated for at least one hour fire resistance. 3.1-19(b)		mid 1980's. The facility immediately ordered a door with a one hour fire rating to be installed as soon as it is delivered to the facility.All residents/visitors have the potential to be affected. No other vertical enclosed structures exit in the facility.A door with a fire rating of 3 hours was installed on 6/25/12.The Maintenance staff installed the door on 6/25/12. The Maintenance staff is responsible for the proper for operation of the door. Maintenance will immediately notify Administrator of any problems with the operation of the door.	

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K0144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 25 of 31 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Generator Log"	K0144	DisclaimerPreparation, submission and implementation of this Plan of Correction does not constitute an admission of/or agreement with the facts and conclusions set forth on the survey report. McGivney Health Care reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any Administrative or legal proceedings. McGivney Health Care reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. The facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents. McGivney Health Care reserves the right to modify policies and/or procedures and quality improvement systems as necessary to better meet the needs of the residents and the facility.The generator was the result of a generous grant as the facility is not required to have a generator. The facility completed weekly rounds with corporate maintenance staff , the facility failed to document them. The facility immediately documented	07/13/2012

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	documentation with the Administrator and Maintenance Supervisor during record review from 9:15 a.m. to 11:10 a.m. on 03/28/12, weekly emergency generator starting battery inspection records for twenty five weeks of the thirty one week period of 11/15/11 through 06/12/12 was not available for review. Instead of weekly inspections of the starting batteries, the facility conducted once per month inspections and documented the results on the Generator Log for the period of January through June 2012. The Generator Log does not document the date the monthly inspection was conducted. A review of Generac Power Systems, Inc. "Startup-Inspection for Generac Power Systems Generator" documentation dated 11/15/11 states the initial startup date for the 80 kilowatt diesel fired emergency generator and transfer switch operation for the facility was 11/15/11. Based on interview at the time of record review, the Administrator stated this emergency generator for the facility was operational on or after 11/15/11 and acknowledged weekly emergency generator starting battery inspection records for twenty five weeks of the thirty one week period of 11/15/11 through 06/12/12 was not available for review. 3.1-19(b)		their weekly inspections which includes battery testing for the emergency generator. The facility completed monthly inspections of the generator but failed to document the monthly load test which was scheduled every Saturday at 2 a.m.. for thirty minutes. The facility immediately included the monthly load test in their documentation and conducts the load test during day when maintenance is present. The facility put a sign which identifies the manual stop over a manual stop.All residents/visitors have the potential to be affected.The facility developed a MHCC Weekly Generator Inspection form. Reviewed and revised the MHCC Monthly Generator form. The facility put a sign which identifies a manual stop over a manual stop.The Maintenance Supervisor is responsible to completed and document weekly generator inspections, monthly generator inspections and to ensure the sign remains under the manual stop. The HFA is responsible to monitor and ensure compliance of generator inspections both weekly and monthly on the forms which will be ongoing.	

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	2. Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted for 7 of 7 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating. b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This			

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	deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Generator Log" documentation with the Administrator and Maintenance Supervisor during record review from 9:15 a.m. to 11:10 a.m. on 03/28/12, monthly load test documentation was not available for review for the period of November 2011 through May 2012. A review of Generac Power Systems, Inc. "Startup-Inspection for Generac Power Systems Generator" documentation dated 11/15/11 states the initial startup date for the 80 kilowatt diesel fired emergency generator and transfer switch operation for the facility was 11/15/11. Based on interview at the time of record review, the Administrator stated this emergency generator for the facility was operational on or after 11/15/11 and acknowledged monthly load test documentation was not available for review for the period of November 2011 through May 2012. 3.1-19(b) 3. Based on observation and interview, the facility failed to ensure the remote manual stop for 1 of 1 emergency generators was identified as the manual			

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	stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break glass station located outside of the room where the prime mover is located. Appendix A: Explanatory Material at A-3-5.5.6 states the manual shutdown should be appropriately identified. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observation with the Administrator and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 12:45 p.m. on 06/13/12, the remote manual stop for the emergency generator is located at the transfer switch in the Maintenance Office and is identified as "Bypass Delay." Building power was transferred to the emergency generator with manual startup at 12:37 p.m. on 06/13/12 and when the "Bypass Delay" switch was activated at 12:38 p.m. on 06/13/12, the emergency generator shut off within ten seconds. Based on interview at the time of observation, the Maintenance Director			

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	acknowledged the remote emergency shut off for the emergency generator is not identified as an emergency stop. 3.1-19(b)			